OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

ROBERT G. LUNA, SHERIFF

July 14, 2023

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World Trade Center
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LOS ANGELES COUNTY SHERIFF'S DEPARTMENT RESPONSE TO THE CIVILIAN OVERSIGHT COMMISSION'S REQUEST FOR INFORMATION AND SUBJECT MATTER EXPERT REGARDING MET

Dear Ms. Vappie:

Thank you for the Civilian Oversight Commission's ("COC") correspondence dated June 20, 2023, pertaining to a request for information and an update on the COC's recommendations listed in its MET Report. This response by the Los Angeles County Sheriff's Department ("LASD") is an attempt to address each recommendation, in summary form. Additional information can be provided during the COC meeting, and/or through additional briefings to members of the COC.

INCREASE THE NUMBER OF MET UNITS FROM 23 TO 60

1. The recently approved number of 23 MET units should be expanded to 60.

   Currently, MET has 35 county-wide units (two of which are county-contracted teams at West Hollywood Station and Community College Bureau). Expanding the number of MET units to 60 is not currently feasible due to staffing shortages at both LASD and the Department of Mental Health (DMH). LASD and DMH are highly supportive of expanding county-wide MET services, and although a short-term increase

in teams is not likely, given hiring challenges. However, both organizations seek the development of a long-term plan for the expansion of services.

2. Since all MET units are not always on call at the same time, LASD and DMH need to determine shift scheduling, wherein the maximum number of teams are always available.

   A vigorous examination of deployment models was conducted. As a result, LASD and DMH are currently deployed on the same schedule to make the maximum number of teams available. Personnel from both departments meet regularly to make scheduling adjustments to ensure the maximum number of teams are working. MET calls for service, which are labeled "unable to handle" due to unavailable units, or where units are assigned other to geographic areas and are unable to respond, are evaluated on a quarterly basis. An effort is then made to adjust resource allocation to align personnel with the times and locations experiencing the greatest need.

3. Develop hubs within certain divisions and have a lieutenant serve as the mental health liaison. Hubs will maintain the close collaborative nature as in LAPD's SMART, which is centralized.

   The current MET model is decentralized throughout the County. MET and DMH would need to assess the LAPD model to determine if a decentralized model would improve the delivery of services and could be supported with the appropriate personnel resources. Currently, MET does not have MET lieutenant positions to staff a version of the LAPD model.

4. Funding should be intensified for LASD and DMH to be able to develop a joint strategic plan for incrementally hiring and training staff to reach the targeted number of 60 MET units.

   LASD is in support of funding to both support the development of a strategic plan to increase the number of MET units and a long-term plan for staffing the requisite LASD and DMH personnel. Staffing issues within LASD and DMH are pervasive, and only a long-term strategic plan with the accompanying funding and personnel will achieve the goal of expanding MET units throughout the county. It should be noted that LASD is currently unable to hire at a rate to fill existing funded positions. The Department has approximately 1,000 funded unfilled sworn positions.

5. Prospective social workers need to be supported in their concerns about the perceived risks of the position.

   Prospective social workers have concerns about the perceived risks associated with the position. Innovative plans revolving around community outreach, social media, and active recruiting of social workers are being discussed. Collaborative training and MET ride-a-longs are two strategies that have been proven to address some of these concerns and will continue to be implemented. DMH has acknowledged difficulty hiring personnel due to nationwide shortages and the many career options that are now available to clinicians that arose during the COVID-19 pandemic. The DMH reports that a significant number of candidates do not want to work late hours, on weekends, or in the field with law enforcement. The shortage of clinicians has impacted current MET units, which are working without a permanently assigned clinician.

PRIORITIZE DEPARTMENT-WIDE DE-ESCALATIONS TRAININGS WITH A MENTAL HEALTH FOCUS

1. Comprehensive de-escalation training with a mental health focus such as the CIT should be priority at LASD so that all patrol deputies will be trained much earlier than the six-year projections completion timeframe (as of February 2017).

   Sheriff Luna has prioritized establishing a multi-year training plan that includes increased mental health and de-escalation training. For example, the Department has committed to providing all sworn personnel with Integrating Communications Assessment and Tactics (ICAT) training. ICAT combines mental health, de-escalation, communication, and tactics training to provide personnel with enhanced tools to safely resolve critical incidents.

   Since 2018, MET has taken responsibility for providing de-escalation training. The MET unit currently provides the following training for the Department:

   - Mental health/autism and cognitive disorders (8 hours)
   - Veterans/law enforcement interaction-basic (8 hours)
   - FOCIS 360/crisis intervention training (32 hours)
   - FOCIS 360/crisis intervention training (16 hours), a new class for fiscal 22-23
   - Crisis stabilization for dispatchers and call takers (8 hours)

- Crisis stabilization for dispatchers and call takers (CIT for dispatchers (24 hours)
- Use of force/force option simulator (4 hours)
- Cognitive impairment practical application training (CIPAT in-service training at stations) SB 392 and SB 230 mandates
- Law enforcement and effective interaction with the mentally ill/crisis intervention training (8 hours, re-vamped for 22-23)
- Field Training Officer (FTO) school, hosted by Advanced Officer Training (AOT) 4 hours. Senate Bill 29 dated 12/14/22, requires newly appointed FTOs to attend a minimum of 8 hours of behavioral health training within 180 days of appointment to new position.
- Patrol Operations School, hosted by AOT (3 hours)
- School Resource Officer training, hosted by CPB (2 hours)

2. Increase the current number of training personnel to address the above.

The Department is evaluating its training programs at all levels and, as previously mentioned, is establishing a multi-year training plan. This plan includes evaluating all units involved in training and reallocating personnel and resources to achieve our goals. The Department is also in the process of establishing a multi-disciplinary training committee to ensure all units with established training programs share personnel and resources. Moreover, the training plan contemplates adding additional personnel to ensure available staffing for our training program. Since MET and PSB are responsible for our mental health training programs, the Department is factoring in additional personnel to provide the required training and will be integrating MET and Psychological Services bureau ("PSB") personnel in other components of the training plan.

3. The MILO Simulator component should be incorporated into the CIT training.

The MET was recently provided a new training facility in the City of Industry with a dedicated classroom for the MILO simulator to be permanently housed. The simulator will become a part of FOCIS 360/CIT in the very near future. A review of the course curriculum is being performed to ascertain where the simulator training could be formally added to the CIT training program and, if inserted, what impact it would have on existing training blocks of instruction. These courses are CA POST certified and would require a lesson plan modification and approval before any change is implemented.

4. Having a training simulator in every station is essential to afford every deputy the opportunity to practice de-escalation skills. Collateral benefits will accrue from this approach.

   Currently, there is not a training simulator in every station. Each MILO Simulator costs approximately $35,000 (for the most basic model). To be effective, dedicated personnel need to be assigned and certified on how to properly operate the system. In the short term, it would be beneficial for individual stations to send personnel to the MET training facility to access MILO training.

5. Clinicians should be available to do the debriefing after every MILO training session to provide clinician perspective.

   DMH partners attend all station briefings/training when CIPAT is conducted and participate in the debriefing of all scenarios. The two psychologists assigned to MET training both have extensive field response experience with responding to law enforcement calls.

6. The MET personnel should have a primary role in conducting the CIT and other de-escalation training sessions with a mental health focus due to their valuable first-hand knowledge and experience.

   The MET conducts most of the Department's de-escalation and mental health training. The state-of-the-art crisis stabilization/de-escalation training called "ROAR" has been integrated into the CIT class, Veterans class, First Responders Homeless Training, and Dispatchers training class. The MET is the designated point of contact for most de-escalation training; however, Custody Training and Standards Bureau (CTSB) trains custody division personnel in de-escalation. The MET has, via invite, also performed training at jail facilities.

   Under the new administration's training plan, MET personnel will have the primary role in this mental health-focused training.

7. Develop and implement a plan for refresher CIT and other de-escalation training sessions with a mental health focus to be offered at regular intervals and incorporate current best practices. These refresher training sessions should be a requirement implemented with the same frequency as weapons qualifications.

The multi-year training plan accounts for the need to update courses and provide consistency across the Department related to mental health and de-escalation training. MET and PSB will play a key role in reviewing current curricula and providing input on enhancements to the Department's mental health training programs.

8. The CIT is currently only for patrol deputies and sergeants but not for watch commanders, unit commanders, or higher-level executives. The CIT and other de-escalation training, even if abbreviated, may be beneficial in order for them to provide better direction in crisis situations and formulate good policies.

   The Department believes there is tremendous value in watch commanders, unit commanders, and high-level executives having de-escalation training.

   There are various touchpoints, such as Supervisory Sergeant School and Middle Management School, where CIT principles are already included in the curriculum. As the Department updates its executive training programs, CIT principles can also be included in these programs. The Department is evaluating the implementation of an abbreviated version of de-escalation training, including the Respond Observe Assess React "ROAR" as a standard response model.

9. Train patrol officers on how to better complete 5150 hold applications, so that the LPS-designated facility or urgent care center does not release the individual early due to insufficient hold criteria being met, and so that the individual actually obtains needed treatment.

   The FOCIS 360/CIT curriculum provides enhanced training for the completion of 5150 applications. The process is also reviewed in patrol school. The MET deputies and their clinicians also perform in-service briefings to assist personnel with the proper methods for handling 5150 incidents. The CIPAT training could also be modified to include additional training on 5150 applications.

10. Consider promoting training on deputy self-care and mindfulness training to include trauma-informed practices and addressing PTSD and vicarious trauma.

    In some aspects, Deputy self-care is included in every class MET teaches. The "ROAR" crisis stabilization model, which is included in many de-escalation classes, has a strong component addressing

deputy self-care. Also, a self-care class is being taught in the custody division. The plan is to create a version for the entire Department. PSB is working closely with MET to create a standalone class focused on deputy self-care and is currently piloting a course for deputy trainees.

The long-term goal is to expand wellness programs across the Department. Further, the Department was awarded a five-million-dollar grant from the Board of State and Community Corrections for employee wellness and is working on a plan to expand wellness services across the organization.

11. Require training officers, including Master Field Training Officers and sergeants, to conduct ride-a-longs with MET personnel to increase understanding of mental health crisis situations.

    Having training officers and sergeants ride-a-long with MET personnel is strongly recommended. Personnel in training positions must have a strong understanding of the capabilities and benefits of MET and assist in the promotion of using MET whenever feasible.

12. Develop and implement measurable performance outcomes for CIT and other de-escalation training sessions to ensure that trainee deputies have acquired the necessary knowledge and skills that are taught.

    When CIPAT is conducted, the students must pass all the scenarios. Students must remediate immediately until they pass the scenarios. The remediation ensures that students fully understand and can implement the concepts before completing the course. MET has recently contacted a Washington State University professor to develop a better system to track CIPAT training results and provide an assessment of its effectiveness. The partnership with academia will assist MET in evaluating the curriculum and training process to continuously improve the program.

13. Consider more cross-training between LASD's deputies and DMH's clinicians so that both team partners obtain the same knowledge and skills and "be on the same page" when responding to situations.

    Consistency in the approach both Departments use is essential to proper coordination and safety. Cross-training is an ongoing process and is occurring more frequently. The MET sergeants and DMH

supervisors are increasing briefings and training with their personnel and strive to be synchronized in operations.

PROMOTE INTER-AGENCY COLLABORATION WITH OTHER MENTAL HEALTH PARTNERS AND STAKEHOLDERS

1. The Sheriff and DMH should reinforce the collaborative process between the two departments to ensure that MET units are fully staffed. An MOU needs to be developed to ensure clear expectations for each department.

   LASD and DMH have experienced a high degree of coordination and mutual support. With that said, there are always opportunities to improve, and we will work continuously with our DMH partners to ensure we are fully resourced and staffed. We have had several meetings and discussions to pursue further options for clinicians. Although there is no formal MOU in place, one could be considered during the strategic planning process for MET.

2. Both LASD and DMH need to agree on scheduling a one-year commitment from LASD on the locations and shifts to address clinician concerns around scheduling stability.

   LASD and DMH agree. Scheduling on both sides is based on the needs of the unit. No changes are made without input from both sides for the best outcome for the team and employees. Call volumes, including geographic distribution and data from the calls MET is unable to handle, are reviewed to determine the most efficient deployment of MET units.

3. Both LASD and DMH need to develop a plan for incentivizing clinicians, particularly for hard-to-fill shifts. Public sector labor lawyers may be consulted to evaluate options to address relevant union issues.

   Currently, DMH is evaluating innovative strategies, such as financial incentives to fill the hard-to-fill positions. LASD is supportive as a collaborative partner to assist in whatever means possible but does not employ MET clinicians. LASD is committed to supporting DMH in attempts to increase staffing for MET units.

4. A steady management structure is needed for LASD to ensure continued championing of MET efforts. In the past, the continuing change in LASD leadership over the MET program may have contributed to the delay in the progression of MET since if first started in 1991.

MET is currently a unit in the Community Partnerships Bureau in Countywide Services Division, which also includes the Homeless Outreach Services Team (HOST) and other specialized units. MET has tremendous support from Sheriff Luna and the LASD leadership team. Moreover, the long-term training plan assumes an active role of MET in training department members.

The current Captain of the bureau is a champion of the co-response model, as he created the LASD HOST and was a close peer with the previous MET lieutenant during MET's first expansion. The Captain presents nationally and locally the value of the co-response model to positively impact community safety. The current MET lieutenant utilizes her experience as a MET clinician, MET deputy, and MET sergeant to contribute to the unit's success. She has also presented nationally and locally and is the subject matter expert on all mental health issues for the Department.

5. Identify the characteristics and elements needed to form a more cohesive team culture between the two departments (team building).

   MET leadership (LASD and DMH) have significantly strengthened their collaborative partnership and continue to do so. LASD and DMH are currently in the planning stages for multiple team-building events to occur in the near future to continue to build on existing relationships and to identify areas for growth.

6. The proposed Telemental health program by DMH may be a worthwhile consideration to increase patrol deputies' access to clinicians and obtain guidance and support dealing with individuals in crisis. However, this should not supplant the need for additional MET units.

   The Telemental health program is not seen as a replacement for additional MET units. This alternative is viewed as a bridge or augmentation to services if other resources are not available. Currently, a DMH clinician staffed at the MET triage desk 20 hours a day is available if the need arises to provide assistance. Last year LASD conducted a 90-day pilot project with our BWC unit to give field deputies the opportunity to allow MET to tap into their live field calls involving the mentally ill for consultation. During our evaluation period, there were only six activations in 90 days.

7. Reduce the paperwork demands on clinicians in order to increase their availability to the teams.

   LASD has provided the clinicians with equipment for mounting their DMH-issued laptops in the MET vehicles so that they can complete necessary paperwork during and in-between calls for service. This increases efficiency regarding the necessary paperwork they must complete on every contact they have in the field, which is mandated by DMH. LASD is supportive of exploring options to increase efficiency for clinicians and will continue to work with DMH to identify solutions to increase the availability of MET units.

8. The newly created triage desk needs to include a DMH clinician on site at least 20 hours per day during AM and PM shifts to serve its optimal purpose of providing consultation to every call if necessary.

   LASD has 24 hours-a-day, seven days-a-week coverage, and DMH has 20 hours-a-day, seven days-a-week coverage from 6:00 a.m. to 2:00 a.m. hours. The DMH hours are based on their contract. LASD is supportive of establishing 24-hour coverage to align personnel from both agencies with continuous coverage.

9. Expand the Risk Assessment and Management Program (RAMP) to better identify chronic consumer cases and link them to services to reduce the recurrences of calls. Currently, 12 percent of all patients handled by the MET units need RAMP services and follow-up to ensure linkage.

   Currently, there are ongoing discussions regarding the expansion of RAMP personnel to address chronic consumer cases. LASD is supportive of expanding RAMP and believes these services are valuable to the overall response strategy. Currently, RAMP has six investigators and two sergeants (1 vacant). DMH has five clinicians (2 vacant) and one supervisor position. Furthermore, the expansion of RAMP can also be beneficial regarding inmate booking diversion programs for those who have a mental illness. It is recommended that RAMP expansion also be considered as part of strategic planning process.

10. Just like LAPD SMART's community engagement piece, with additional staff, the LASD could also regularly engage communities to educate them about the MET program and expand their network of potential resources. This will indeed be helpful, particularly for referring

individuals they encounter that do not necessarily meet 5150 hold criteria.

MET is a member of the Community Partnerships Bureau and has been extremely active in community engagement. MET has worked tirelessly, making community engagement a priority. As we put the effects of the pandemic behind us, MET has made it a priority to have representatives attend and present at multiple community engagement events and will continue to seek opportunities for future engagement.

11. Transportation via ambulance needs to be looked into further in order to ensure rapid transport to facilities for those meeting 5150 hold criteria. There may be other opportunities to explore, such as wheelchair van service.

The MET currently collaborates with DMH to order ambulance services but is often required to request those services ourselves. Many times, LASD requesting an ambulance to transport for medical emergencies is quicker and more efficient. Recently, ambulance services have been delayed, forcing deputies to transport patients instead of waiting. LASD supports increased access to ambulance services in a timelier fashion.

12. Proper procedures in the dispatching of mental health crisis calls should be reinforced to ensure that all critical information is passed on and understood by first responders.

The MET personnel regularly brief and conduct training at the stations within their patrol area. We also offer 8-hour and 24-hour training classes, specifically for dispatchers and call takers, to address the proper dispatching of mental health calls. Currently, the Department is in the planning stages of a pilot program to collaborate with 988 for the diversion of certain mental health-related calls to non-governmental organizations rather than law enforcement.

TREAT THE MET AND DEPARTMENT-WIDE DE-ESCALATION TRAINING WITH A MENTAL HEALTH FOCUS AS EQUALLY IMPORTANT, COMPLEMENTARY STRATEGIES FOR REDUCING USES OF FORCE AND PROMOTING CONSTITUTIONAL POLICING

1. Increase budgets for both MET and Department-wide de-escalation training with a mental health focus to ensure that neither strategy for reducing uses of force is underfunded.

   The Department agrees that an investment in Department-wide de-escalation training with a mental health focus can reduce the use of force on the mentally ill. The new administration's training plan endeavors to increase training in mental health, de-escalation, and communication to help reduce use of force incidents. MET will play a prominent role in those training efforts.

   MET has incurred additional costs in the upkeep and maintenance of the new MET Training Facility and will require additional personnel and other resources to assist with the implementation of the Department's new training plan. The Department will work with County leadership to identify funding opportunities to support MET's important work in our communities.

2. The LASD and DMH should jointly develop a strategic plan for a longer-term vision in addressing mental illness in the community. For this reason, both the MET and de-escalation training programs with a mental health focus such as the CIT, should be regarded as equally vital as LASD's Special Weapons and Tactics (SWAT) program, and other programs with specialized expertise in handling high risk situations.

   As previously discussed, developing a strategic plan synced with the Department's multi-year training plan is key for the future of the MET program. The Department is committed to linking making mental health and crisis intervention training into many of our training programs. The Department has also identified the need to ensure all training programs are coordinated/consistent in their training approach and that we operationalize the same tactics during critical incidents.

3. Support the creation of more urgent care and other psychiatric care facilities to ensure that individuals with mental health concerns get the appropriate care and treatment needed.

   The MET is very supportive of this. MET has wonderful working relationships with urgent care centers and LPS-designated facilities in Los Angeles County. An attempt was made to create a shared ride-a-long system with a local psychological emergency room. Due to various reasons (construction, legal concerns, etc.), it was paused;

however, MET is revisiting the model and will pursue all opportunities to expand working relationships with mental health providers.

Should you have any concerns, please do not hesitate to contact me at

Sincerely,

ROBERT G. LUNA, SHERIFF

MYRON R. JOHNSON
ACTING ASSISTANT SHERIFF